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| SERIAL NUMBER 10/689,293 | FILING DATE 10/20/2003 RULE | CLASS 606 | GROUP ART UNIT 3734 | ATTORNEY DOCKET NO. 896P011488-US(PAR) |
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/419,582 10/21/2002 *MTA*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/03/2004

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|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CT | SHEETS DRAWING 14 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>MTA Andarsa</i> Examiner's Signature | <i>MTA</i> Initials | | | |

ADDRESS

2512
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TITLE

One-hand locking and releasing handheld medical instrument

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|-----------------------------------|---|---|
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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